

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2016	

Full Name of Payee CBB Chain Bridge Bank		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2016	
Mailing Address 1445 Laughlin Ave		Amount 2500.00	
City McLean	State VA	Zip Code 22101	Transaction ID : SE.6380
Purpose of Expenditure prepaid canvasser travel expenses- OH		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		66302.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee CBB Chain Bridge Bank		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2016	
Mailing Address 1445 Laughlin Ave		Amount 2500.00	
City McLean	State VA	Zip Code 22101	Transaction ID : SE.6387
Purpose of Expenditure prepaid canvasser travel expenses- OH		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2016
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		53802.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2016

Signature